3031022858

FEC

STATEMENT OF **ORGANIZATION**

RECEIVED

FORM 1		×.	2013 JAN 30 AM 10: 21
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	Office Use Only 1 EC MAIL CENTER 12FE4M5
Life Cause			
ADDRESS (number and street)	90 Main Street		
X ◀ (Check if address is changed)	Suite 213 A		
is changed)	Centerbrook	<u> </u>	CT 06409 1058
	CITY ▲		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS		
	info@lifecausepa	ac.org	1
X (Check if address is changed)			
	Optional Second E-Mail Add	dress	
	L		
X (Check if address is changed)		causepac.org	
2. DATE 01 1	5 2013		
3. FEC IDENTIFICATION N		0502963	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	er Raymond Becha	ard	
Signature of Treasurer			Date 01 15° 2013
NOTE: Submission of false, pro-		may subject the person signing to ON SHOULD BE REPORTED W	this Statement to the penalties of 2 U.S.C. §437g. VITHIN 10 DAYS.
Office Use Only		For further Information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	FFL. FLIRW L

FEOF	Utili I (Nevised Uzzada)
	COMMITTEE
Candida	te Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affilia	Office State tion Sought: House Senate President District
(c) :	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	
(d) .	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h) 1 1	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number C
3.	FEC ID number C
4 .	

FEC Form 1 (Rev		Page 3
Write or Type Committee	Name	
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
.		
<u> </u>		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nnected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
	Facility view 1	
. Custodian of Records	s: Identify by name, address (phone number optional) and position of the persor	n in possession of committee
books and records.		
Jo Fuli Name	ohn Bauer, CPA	
	Mahoney Sabol, CPA	
Mailing Address	P.O. Box 934	
	Essex	06426 0934
		00.20
Title or Position	CITY STATE	ZIP CODE
Treasurer	860	767 9999
	Telephone number	J-[
. Treasurer: List the nar	me and address (phone number optional) of the treasurer of the committee; and	the name and address of
any designated agent	(e.g., assistant treasurer).	
Full Name Jo	ohn Bauer, CPA	
	, Mahoney Sabol, CPA	
Mailing Address	P.O. Box 934	
		06406 + + 5664
	Essex CT CT	06426 - 0934
	OTAN	310 0005
Title or Position	CITY STATE Treasurer , 860	ZIP CODE 1 767 1 9999

rac ron	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		<u> </u>
-	1	
		l
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits fur	nds, holds accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc.	
namo or Danis,		
	Liberty Bank	
Mailing Address	90 Main Street	<u> </u>
	Old Saybrook CT	06475 1510
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Name of Bank,	Depository, etc.	
Name of Bank,	Depository, etc.	
Name of Bank, Mailing Address		

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Federal Election Commission

	Date of Receipt
Hand Delivered	
V USPS First Class Mail	Postmarked
- Ool O I list Glass Wall	(1/8/1/
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature C	
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	siness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
mp	1/30/17
REPARER	DATE PREPARED